

**OBSTETRICAL FILE
USER PROFILE**

Key		
Region of pain	Uterine fundus	Lochia
P = Perineum	F = Firm	T = Traces
A = Abdomen	S = Soft	S = Slight (1/4 s.p.)
X = Other (documented)	C = Centered	M = Average (1/2 s.p.)
	L = Deviates to the left	F = Full s.p.
	D = Deviates to the right	



Year	Date of birth Month	Day	Room no.	File no.
First and last name at birth				
Usual name or spouse's name				
Address				
Postal code	Area code	Telephone	Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Health insurance no.			Name of attending physician	

Immediate post partum (≤ 2 hours)									
Date of birth			Number	Sutures	Needles	Instruments	Compresses	Interv.	Interv.
Year	Month	Day	Start						
			Additional						
			Removal						
			Verification						

Year	Date		Time	Temperature (°C)	Blood pressure	Pulse/Respiration	SpO ₂ (%)	Pain scale (0-10)	Region of pain	Fundal height	Uterine fundus	Lochia	Clot(s)	Uterine massage	Skin-to-skin	Additional notes	Initials
20	M	D	(0-24)														
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Time	Catheterization/urination		Urination after delivery:	<input type="checkbox"/> No <input type="checkbox"/> Yes		ml	Initials	Signature		Initials	Signature		Initials	Signature			
Time	Of user transfer:			Accompanied by:													
	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walking	<input type="checkbox"/> BA	<input type="checkbox"/> Nurse	<input type="checkbox"/> NA											

5B